

2016 City-Parish Medical Rates w/Medicare*

COVERAGE	HMO	POS	HDHP
EMPLOYEE ONLY W/PART B:			
YOU PAY	\$38.16	\$65.30	\$38.16
CITY-PARISH PAYS	\$492.24	\$492.24	\$492.24
MONTHLY RATE	\$530.40	\$557.54	\$530.40
EMP. + SPOUSE 1 W/PART B:			
YOU PAY	\$281.88	\$385.10	\$132.58
CITY-PARISH PAYS	\$842.18	\$842.18	\$842.18
MONTHLY RATE	\$1,124.06	\$1,227.28	\$974.76
EMP. + SPOUSE 2 W/PART B**:			
YOU PAY	\$185.48	\$288.70	\$76.32
CITY-PARISH PAYS	\$900.68	\$900.68	\$900.68
MONTHLY RATE	\$1,086.16	\$1,189.38	\$977.00
EMP. + CHILD(REN) 1 W/PART B:			
YOU PAY	\$236.22	\$327.04	\$101.14
CITY-PARISH PAYS	\$778.52	\$778.52	\$778.52
MONTHLY RATE	\$1,014.74	\$1,105.56	\$879.66
FAMILY 1 W/PART B:			
YOU PAY	\$418.96	\$559.74	\$227.04
CITY-PARISH PAYS	\$1,033.08	\$1,033.08	\$1,033.08
MONTHLY RATE	\$1,452.04	\$1,592.82	\$1,260.12
FAMILY 2 W/PART B:			
YOU PAY	\$322.56	\$463.34	\$130.64
CITY-PARISH PAYS	\$1,062.64	\$1,062.64	\$1,062.64
MONTHLY RATE	\$1,385.20	\$1,525.98	\$1,193.28

***A credit of up to \$96.40 for the Medicare Part B premium will be given to all members enrolled in Medicare Part B.**

**** Use this rate for Employee + Child(ren), 2 w/Medicare also.**